

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L08000112650

**FILED**  
**Apr 15, 2011**  
**Secretary of State**

**Entity Name:** HELPING HAND HOME SOLUTIONS, LLC

**Current Principal Place of Business:**

3661 OAK GROVE DR.  
SARASOTA, FL 34243

**New Principal Place of Business:**

**Current Mailing Address:**

3661 OAK GROVE DR.  
SARASOTA, FL 34243

**New Mailing Address:**

**FEI Number:** 26-3847509

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

KOONTZ, JO ANN M  
1819 MAIN STREET  
SUITE 215  
SARASOTA, FL 34236 US

**Name and Address of New Registered Agent:**

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

**Title:** MGRM  
**Name:** HELPING HAND PROPERTY GROUP, LLC  
**Address:** 120 S. ROME AVE., UNIT 4  
**City-St-Zip:** TAMPA, FL 33606

**Title:** MGRM  
**Name:** SHERI BARKER ENTERPRISES, LLC  
**Address:** 3661 OAK GROVE DR.  
**City-St-Zip:** SARASOTA, FL 34243

I hereby certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

**SIGNATURE:** SHERI BARKER

MGRM

04/15/2011

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date